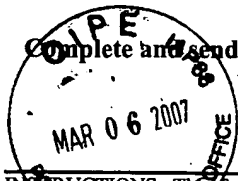


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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23377 7590 12/04/2006

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Karen M. Spina	(Depositor's name)
<i>Karen M. Spina</i>	(Signature)
March 2, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/658,734	09/11/2000	Winfried Edelmann	WYBI-0011	9039

TITLE OF INVENTION: METHODS FOR IDENTIFYING COMPOUNDS WHICH MODULATE THE ACTIVITY OF MSHS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	03/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS	SEARCH NUMBER	CLASSIFICATION	SEARCH DATE	SEARCH TIME
DAVIS, RUTH A	1651	435-004000	03/06/2007 HNGUYEN2 00000002 09658734	01 FC:1501		1400.00 0P

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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 2 DRINKER BIDDLE & REATH LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE: DANA-FARBER CANCER INSTITUTE, INC.
 ALBERT EINSTEIN COLLEGE OF MEDICINE OF Bronx, New York 10461
 YESHIVA UNIVERSITY

(B) RESIDENCE: (CITY and STATE OR COUNTRY) Boston, Massachusetts 02115

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Janet E. Reed* Date March 2, 2007
 Typed or printed name JANET E. REED, Ph.D. Registration No. 36,252

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